Entered - 04/02/01 - sb CL01L0205 - DIANNE C. MITCHELL

CLAIM OF: **DONALD M. PEEL, JR. 2641 Acorn Avenue**

Atlanta, Georgia 30305

01-Q -0807

For damages alleged to have been sustained as a result of property damage due to a fallen tree on September 28, 2000 at 2641 Acorn Avenue.

THIS ADVERSED REPORT IS APPROVED

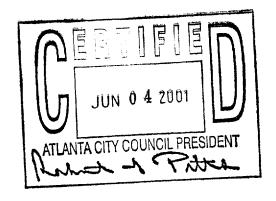
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

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MUNICIPAL CLERK



RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

June 19, 2001

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST **SUITE 2700** ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

Donald M. Peel, Jr. 2641 Acorn Avenue Atlanta, Georgia 30305

01-R-0807

Dear Mr. Peel, Jr.:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on June 4, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

Rhorda Dauphin Johnson

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0205</u>	Date: <u>May 8, 2001</u>				
Claimant /Victim DONALD M. PEEL, JR.					
Claimant / Victim DONALD W. 1 EEL, JR.					
BY: (Atty.) (Ins. Co.) Address: 2641 Acorn Avenue, Atlanta, Ge Subrogation: Claim for Property damage \$	orgia 30305				
Subragation: Claim for Property damage \$	Bodily Injury \$				
Subrogation: Claim for Property damage \$ Date of Notice: 03/12/01	n, proper X Improper				
Conforms to Notice: O.C.G.A. 836-33-5 X	Ante Litem (6 Mo.) X				
Data of Occurrence 09/28/00 Place:	2641 Acorn Avenue				
T) .44 DD7 'A	IIVISIONI LAINS				
Date of Occurrence					
NATURE OF CLAIM: The claimant alleges his property	was damaged when a tree from a City park fell onto his				
c 1. Cl tur covaing demographing the above at	mount The investigation determined that the City had he				
notice of any problems with the tree in questions prior to	it falling. The City is immune from liability as set forth				
in O.C.G.A. §36-33-1.					
III O.C.O.R. 350 55 1.					
INVESTIGATION:					
Cl. i want	Others Written Oral				
Statements: City employee Claimant	Others Written Oral Dept Report X Other Claimant Driver				
D'atame Reports' Police	Dent Report A Small				
	Claimant Driver				
Citation disposition: City Driver	Claimant Dirver				
BASIS OF RECOMMENDATION:					
	201.11				
Function: Governmental X	MinisterialOtherXDamages reasonable				
Improper Notice More than Six Months	Other X Damages reasonable				
C't time lead (litter rejecte	a Compromise settlement				
Repair/replacement by Ins. Co.	Repair/replacement by City Forces				
Claimant Negligent City Negligent	Joint Claim Abandoned				
Respectfully submitted,					
$\sqrt{}$					
i	Manuelle Kul				
	INVESTIGATOR - DIANNE C. MITCHELL				
RECOMMENDATION:					
	ccount charged: 1A01 2J012H01				
	ccount charged: 1A012J012H01 Concur/date				
Claims Manager:	Council Action				
Committee Action:	Council Action				
·					

FORM 23-61

Mitchiel 03/27/01 DAMAGES

	D B C D	RE: CLAIM FOR	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
MUNICIPAL CLERK	E of	Today's Date:	24-01	
City Hall	MAR 1 2 2001		,	
55 Trinity Avenue, S.W. Atlanta, Georgia 30335		•		
Dear Municipal Clerk:		ENTERED - 4-2-0 01L0205 - DIANN	1 - SB E MITCHELL	
			propert	у
This is to notify the City of Atlanta that I have s and/or \$ bodily injury	for which I contend the	City is liable.		
1. Date of incident: (month/day/ year)	2. Time of Incid	City is liable. Lent: $\frac{12.500am}{4}$ 3. Police of	Yes No	-
4. Location of incident (including street addres	s): 264/ A	corn Ave.	27 12 27 200 15 1	-
5. Name of your insurance company:	avelers -	Insulate (Policy No.	9677210020	
6. State what and how incident occurred:	storm kr	nocked down a	city cured	_ _{
- toxe (in Alexander Ru	ic). The TH	e knodeca Cinu	11 4 Chancele	
Louce on my prope	ity line an	d damaged to	vo trees or	—
my property City	1 Councit	removed The	e already.	_
cmg 11	RE SUBJECT TO INS	PECTION. THE MAKING O)F FALSE CLAIMS WIL	-
RESULT IN YOUR CLAIM BEING DE	NIED AND MAT RES	DET IN CRIMINAL I ROOLS	01101.7	L,
 ALL ESTIMATES AND DAMAGES AN RESULT IN YOUR CLAIM BEING DE The registered owner must make the clair proof of ownership of your vehicle (copy o 	n for yehicle damages, c	omplete the following and attach	01101.7	.L
8. The registered owner must make the clair proof of ownership of your vehicle (copy o	n for vehicle damages, c	omplete the following and attach r title).	two (2) estimates of repair ar	.L
RESULT IN YOUR CLAIM BEING DE	n for vehicle damages, c	omplete the following and attach r title).	01101.7	.L
8. The registered owner must make the clair proof of ownership of your vehicle (copy o Your vehicle: (Make)	n for vehicle damages, c	omplete the following and attach r title). Number) (Driver	two (2) estimates of repair ar	.L
8. The registered owner must make the clair proof of ownership of your vehicle (copy o Your vehicle: (Make) City vehicle:	n for vehicle damages, c	omplete the following and attach r title). Number) (Driver	two (2) estimates of repair ar	.L
8. The registered owner must make the clair proof of ownership of your vehicle (copy o Your vehicle: (Make) (Make)	n for vehicle damages, cf the current tag receipt of (Year) (Tag	omplete the following and attach r title). Number) (Driver (Depart	two (2) estimates of repair ar 's Name) ment/Bureau)	L,
8. The registered owner must make the clair proof of ownership of your vehicle (copy o Your vehicle: (Make) City vehicle: (Make) 9. Witness: By 1311 B. Hughan (Name)	(Year) (Tag (City Driver's Name) (Address)	omplete the following and attach r title). Number) (Driver (Depart	rwo (2) estimates of repair are's Name) ment/Bureau) -233-3430 none Number)	nd —
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8. The registered owner must make the clair proof of ownership of your vehicle (copy o Your vehicle: (Make) City vehicle: (Make) 9. Witness: By 1311 B. Hughan (Name) 10. The acknowledgment of this claim in State law, nor is it an admission of liability	(City Driver's Name) (Address) no way waives the So on behalf of the City of	omplete the following and attach r title). Number) (Depart Arenue Herrican (Teleph overeign immunity of the City Atlanta and/or its employee(s).	rwo (2) estimates of repair are solved as Name) ment/Bureau)	nd
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Atlanta City Council

Regular Session

CONSENT Pages 1 thru 12

ADOPT SEE ATTACHED LISTING OF ITEMS ADOPTED/ADVERSED

ON CONSENT AGENDA

YEAS: 12 NAYS: 0 ABSTENTIONS: 0 NOT VOTING: 1

EXCUSED: 0
ABSENT 3

Unanimous.

Y McCarty	B Dorsey	Y Moore	Y Thomas	ITEM (S) REMOVED FROM CONSENT AGENDA 01-0-0653 01-0-0663 01-0-0664 01-0-0835 01-R-0181 01-R-0851
Y Starnes	Y Woolard	Y Martin	Y Emmons	
Y Bond	B Morris	Y Maddox	Y Alexander	
Y Winslow	Y Muller	B Boazman	NV Pitts	
				01-R-0181 01-R-0851

06/04/01 Council Meeting

ITEMS ADOPTED ON CONSENT AGENDA

ITEMS ADVERSED ON CONSENT AGENDA

- 1. 01-O-0821 2. 01-O-0834 3. 01-O-0833 4. 01-O-0492
- 5. 01-O-0671 6. 01-O-0717
- 7. 01-O-0825
- 8. 01-0-0826
- 9. 01-O-0837 10. 01-R-0832
- 10. 01-R-0832 11. 01-R-0308
- 12. 01-R-0836
- 13. 01-R-0784
- 14. 01-R-0785
- 15. 01-R-082216. 01-R-0352
- 16. 01-R-0332 17. 01-R-0792
- 18. 01-R-0846
- 19. 01-R-0794
- 20. 01-R-0795

- 21. 01-R-0796
- 22. 01-R-0797
- 23. 01-R-0798
- 24. 01-R-0799
- 25. 01-R-0800
- 26. 01-R-0801
- 27. 01-R-0802
- 28. 01-R-0803 29. 01-R-0804
- 30. 01-R-0805
- 31. 01-R-0806
- 32. 01-R-0807
- 33. 01-R-0808
- 34. 01-R-0891
- 35. 01-R-0810
- 36. 01-R-0811
- 37. 01-R-0812
- 38. 01-R-0813
- 39. 01-R-0814
- 40. 01-R-0815 41. 01-R-0816
- 42. 01-R-0817